



Nisqually Indian Tribe

# MASTER APPLICATION

This application must accompany a project specific supplemental application.

## PROPERTY INFORMATION

1. Tax Parcel Number(s) \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_
2. Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_
3. Property Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Directions to Property \_\_\_\_\_

## PROPERTY ACCESS

5. Property Access  Existing  Proposed
6. Access Type  Private Driveway  Shared Driveway  Private Road  Public Road
7. Property Access Issues (locked gate, gate code, dogs or other animals)  No  Yes \_\_\_\_\_  
Point of contact will be contacted for gate code prior to site visit. Gate codes written on this form are public information. Property owner is responsible for providing gate code and securing animals prior to site visit.

## WATER/SEPTIC

8. Water Supply  Existing  Proposed
9. Water Supply Type  Single Family  Two Party Well  Group A  Group B  
WATER SYSTEM NAME \_\_\_\_\_
10. Waste Water Sewage Disposal  Existing  Proposed
11. Sewage Disposal System Type  Individual Septic System  Community System  Sewer  
NAME OF PUBLIC SYSTEM \_\_\_\_\_

PROJECT DESCRIPTION \_\_\_\_\_



## Nisqually Indian Tribe

### PROPERTY OWNER

Property Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

Communication from staff provided by Email?  YES  NO

Property Owner Signature\* \_\_\_\_\_ Date \_\_\_\_\_

### APPLICANT

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

Communication from staff provided by Email?  YES  NO

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

### POINT OF CONTACT (Person receiving all County correspondence)

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

Communication from staff provided by Email.  YES  NO

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Application is hereby made for a permit(s) to authorize the activities described herein. I certify that I am familiar with the information contained in the application package and that to the best of my knowledge and belief, such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant to the agencies to which this application is made or forwarded, the right to enter the above-described location to inspect the proposed, in-progress or completed work. I agree to start work only after all necessary permits/approvals have been received. Initial \_\_\_\_\_